

PUBLIC SCHOOL STUDENT LIST FOR DRIVER EDUCATION

DE-2005SL
Effective 5/2005

District Name _____ Number _____					Class Start Date ____/____/____ Scheduled Class End Date ____/____/____ <div style="display: flex; justify-content: space-between; font-size: small;"> Mo. Day Year Mo. Day Year </div>										
Instructor(s) Classroom: _____					Instructor(s) Behind-the-Wheel: _____										
For Driver Education Use Only															
	Driver License (DL) number (Use 9 digit number)	P A S S	F A I L	Date Completed OR <u>Failed</u>	STUDENT NAME			Birth Date	SEX	AGE	COMPLETED HOURS			Transferred IN or OUT	Incomplete
					Last	First	Middle				CLASS ROOM	BTW	OBS		
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
14															
15															
16															

This student list is true and correct to the best of my knowledge and belief. _____

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- ➔ Copy final list to local driver licensing agency within 3 business days after the **students completes the course.**
- ➔ Return Failed permits to driver licensing within 3 business days **after the student fails.**
- ➔ Copy initial list to the State Department of Education within **10 days** after the class begins. (Fax 334-3484)
- ➔ Copy final list to SDE ***with Claim for Reimbursement.***